

UTAH INSURANCE DEPARTMENT
State Office Building, Room 3110, Salt Lake City, UT 84114
HEALTH DISCOUNT PROGRAM
APPLICATION FOR RENEWAL OF ORGANIZATION LICENSE

Legal Name of Organization: _____ EIN: _____

AKA: _____

Business address: (Physical location, no PO Boxes):

Street _____

City _____ State _____ Zip _____

Phone _____ Fax _____ Website _____ Email _____

Contact person _____ Phone _____ Email _____

List any **changes** to Name of Incorporators (Owners) List all those owning 5% or more of the entity

Print Name _____ Signature _____

Print Name _____ Signature _____

Print Name _____ Signature _____

Print Name _____ Signature _____

(If more lines needed, please attach on additional page)

☐ Please attach copies of biographical information of those listed above (You must use the NAIC Biographical Affidavit)

<http://www.naic.org/ucaa/forms/newform11.doc>

☐ Names, addresses, faxes, emails, websites and phone numbers of any **new** principals, operators, marketers and legal representative.

☐ Pay appropriate license fees <http://www.insurance.utah.gov/rules/r590-102.htm>, specifically R590-102-6(1)(a)(ii) \$202, and R590-106(2)(a) Annual service fee (\$200) and R590-102(14)(1)(c) e-commerce fee \$50, for a total of \$452.

I certify that the information in this application for renewal is accurate.

Signed: _____
Authorized Representative